



Alabama Behavior Analyst Licensure Board
(ABALB)
Complaint Form

v. March 11, 2021

Type or block print only.

1. Complainant's Information

You will serve as the contact for all communication regarding this matter.

Full Name: _____ **Date:** _____

Email Address: _____

Mailing Address: _____

Phone Number: _____

Are you licensed by the ABALB? ☐ Yes ☐ No

If YES, what type of license do you hold? ☐ LBA ☐ LABA

Relationship to the subject of this complaint:

☐ Client, client's representative, parent/guardian ☐ Supervisor ☐ Supervisee

☐ Student ☐ Colleague ☐ Employer ☐ Employee ☐ Third-party agency (e.g., insurance agency) ☐ ABALB member ☐ Other:

2. Information About the Individual Against Whom Complaint is Being Made

Full Name _____

Is the individual licensed by the ABALB? ☐ Yes ☐ No

If YES, what type of license do they hold?

☐ Licensed Behavior Analyst ☐ Licensed Assistant Behavior Analyst ☐ Not Sure

City where alleged violation occurred: _____

Is this complaint related to another complaint previously filed with the ABALB?

☐ Yes* ☐ No *If "Yes," when was that complaint filed? _____

3. Have you contacted the individual about this violation? ☐ Yes ☐ No

4. Have you taken or do you plan to take any other actions regarding this matter? ☐ Yes* ☐ No

*If "Yes," describe what actions you have taken or are planning to take in the space below?

5. Date(s) of Alleged Violation or Date the Violation was Discovered: _____

6. Type of Violation
(Check all that apply)

- ☐ Improper or inadequate supervision or delegation (examples include failing to supervise plan implementation by supervisees)
- ☐ Unprofessional conduct (examples include failing to keep a contractual obligation and inappropriate interactions with others)
- ☐ Inaccurate or dishonest information provided to clients, employers, other professionals, or licensing/credentialing bodies (examples include includes fraud, deception, or misrepresentation of services to clients, public, or the media)
- ☐ Failing to maintain accurate records or data or altering records or data
- ☐ Multiple or exploitive relationship or a conflict of interest with a client or client's family
- ☐ Insufficient service continuity (examples include discontinuing services without adequate notification or planning)
- ☐ Responsibility to the client (examples include providing services which don't meet acceptable standards of practice)
- ☐ Practicing out of their scope of practice (examples include completing non-evidence based or non-behavior-analytic assessments)
- ☐ Failure to obtain informed consent
- ☐ Conviction of a crime
- ☐ Practicing without a license
- ☐ Physical or mental condition which impairs competent professional performance
- ☐ Behavior which directly jeopardizes the safety of service recipients
- ☐ Unauthorized disclosure of information
- ☐ Other (Please give a brief description):

7. Describe the Violation

(Be sure to describe the facts regarding the individual's actions and any evidence you have for how those actions violated the law and/or ethical code as noted in #6.)

(If needed, please use additional pages to report all the details regarding this incident.)

By my signature, I affirm that the statements contained herein are true in every respect and that I did not misrepresent any information contained in this document. If applicable, I consent to and agree to assist with the investigation including, but not limited to, the submission of all information required by the Board.

I understand that the Board may release this complaint and related documentation, including but not limited to, my information as a complainant, to the individual against whom the complaint is being made. I understand that if I am submitting this complaint against a Licensed Assistant Behavior Analyst, a copy of this complaint will be provided to the supervisor on record.

If I am not the recipient of services or a parent or legal guardian of the recipient of services, I have obtained permission to file this complaint from the recipient of services or a parent or legal guardian of the recipient of services.

Complainant's Signature

Date

Send this complete complaint form and any documentation that supports this violation to:

ABALB c/o Dept of Mental Health --OR-- balicense.dmh@mh.alabama.gov
100 N. Union Street, Suite 536
Montgomery, AL 36130
